

# TRAUMA YOUR CLIENTS & YOU

BEYOND THE BENCH XXII

12-3-13

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## TRAUMA PROLOGUE

- Often, we get into this business in order to try and get mastery over our own history of trauma, loss, and times of helplessness.
- Related to that, and before we get going, here are some fundamental trauma related principles for treating self and others.

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## TRAUMA & SHAME

- The most toxic emotion is:
  - **SHAME**
- The antidote is treating others and self with
  - **DIGNITY, RESPECT, & COMPASSION** (which one can do without being naive regarding SAFETY considerations)

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## TRAUMA & HELPLESSNESS

- The most disabling emotion is:
  - **HELPLESSNESS**
- The antidote is:
  - **EMPOWERMENT**

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## TRAUMA INFORMED CARE & SYSTEM GOALS

- **SAFETY** first for everybody including YOU (both physical and emotional);
- Respect boundaries;
- Share control and ensure that the survivor has choices;
- Collaborate with the individual;
- Empower; and;
- Minimizing Re-Traumatization.

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## What We're Going to Cover

- What "trauma" is and does
- Why some are affected more than others to potentially traumatic incidents.
- Why and the many ways it can affect your clients/litigants
- How best to interact with clients/litigants to optimize their ability to remain calm, accurately process information, control their behavior, and make good, healthy decisions
- Secondary Trauma – that would be it's impact on YOU -. How to stay healthy.

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## WHAT IS TRAUMA?

- "A highly activated, incomplete, **BIOLOGICAL RESPONSE** to (perceived) threat, frozen in time ." (Peter Levine)
- That means it's a brain, stress hormone, nervous system response - appropriate for dealing with short-term threat - that gets stuck in the "on" position - which can cause emotional, behavioral, cognitive, relationship and physiological problems, short and long term.

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## Neurobiology Cup 'O Coffee

- Autonomic Nervous System =
- **Sympathetic** NS = Epinephrine and Nor-Epinephrine (adrenaline) PUMPS YOU UP to deal with threat (alertness, heart rate, BP, lungs, sweat, slows digestive system). OK if moderate, or even extreme in short term, but damaging to these systems if prolonged. Cortisol anti-inflammatory, also produced to buffer potentially harmful effects of too much adrenaline.
- **Parasympathetic** NS - Cortisol may also act as a "brake" on the SNS. Activation of the PNS serves to CALM DOWN all above systems when threat is addressed so that both sets of hormones go back to baseline and the body can recover, "Rest & digest."

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## The Brain & Autonomic Nervous System Response To Threat

- When a child or adult is faced with something **PERCEIVED** to be a threat, the limbic system (emotional control center) in the brain (amygdala +) activates the Sympathetic Nervous System by triggering the hypothalamus to stimulate the release of stress hormones to prepare you to effectively respond - up to the level of "fight or flight or freeze."

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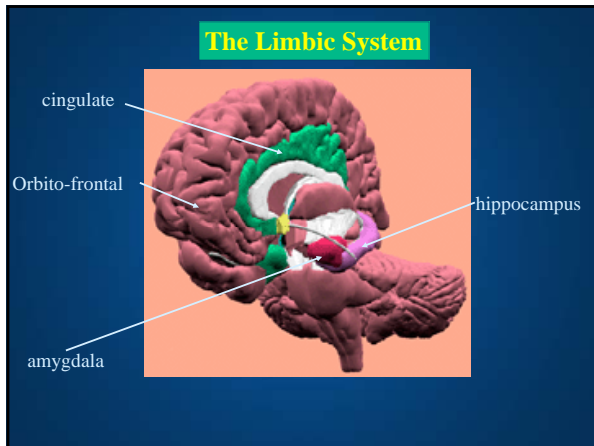
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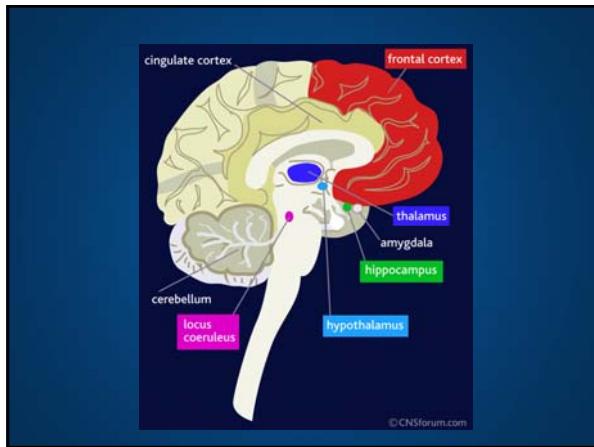
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**When Does Threat Become Traumatic?  
When It Overwhelms & Dysregulates  
The Brain's Limbic System**

- Something is "traumatic" when it overwhelms (due to the severity, or the prolonged or cumulative nature of the experienced threat) the limbic system's ability to regulate those stress hormones, and they don't return to healthy baseline levels.
- Examples: Serious attachment problems with infants; severe/cumulative child abuse/neglect; growing up in violent family/neighborhood; DV/rape.

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## Trauma in Infants and Toddlers: Implications For Teens & Adults

- When the above systems are dysregulated severely or chronically in infants and toddlers due to poor attachment/neglect/abuse and/or other trauma, excessive synaptic pruning, and/or excessive neuronal death occurs in those very areas and circuits of the brain involved in emotional regulation, attention focus, impulse control, which, in turn, are necessary for later conscious learning and healthy cognitive functioning, as well as emotional, behavioral, relationship, and physical health.
- See ACE studies .

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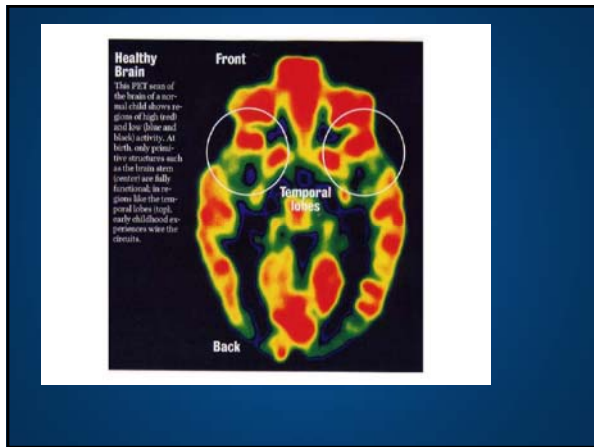
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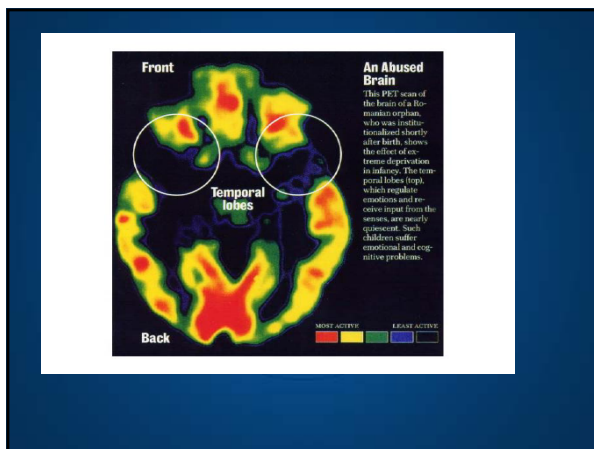
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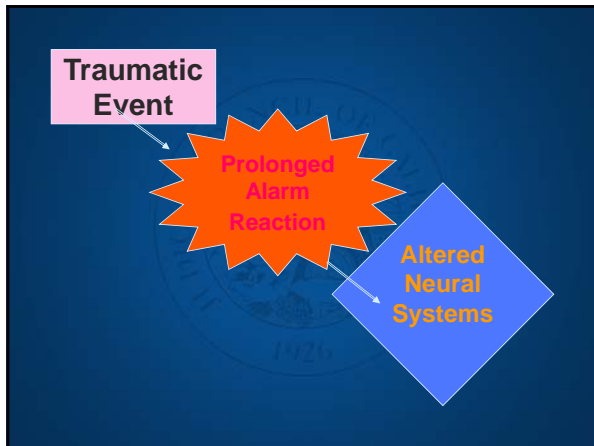
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- Videos: Center for the Developing Child, Harvard**  
(available on You Tube)
- “Experiences Build Brain Architecture”
  - “Toxic Stress Derails Healthy Development”
  - “The Science of Early Childhood Development”

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- Office of the Attorney General California: Dept. of Justice.**
- “First Impressions - Exposure to Violence and a Child's Developing Brain”

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## HELP EXPLAIN TRAUMA RESILIENCY

- Genetics.
- There mothers received good pre-natal care and were protected from severe/cumulative trauma.
- No damaging birth complications.
- Good nutrition and protected from environmental toxins.
- Healthy attachment to primary caretaker.
- Protected from serious, especially cumulative, trauma (e.g., abuse, neglect, exposure to DV or violent environments).

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## NIMH

- “Evidence is also mounting that trauma – particularly if experienced very early in life – can adversely alter the set-points of gene expression in brain stress circuits and compromise immune and inflammatory system function.”

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## NIMH

- “NIMH grantee Alexander Neumeister, M.D., of Mount Sinai School of Medicine, and colleagues, traced both the severity of (PTSD) symptoms and the depleted (serotonin) receptors largely to the age at which trauma was first experienced. The earlier the age and the more subsequent trauma exposures, the fewer receptors expressed and the more severe the PTSD symptoms and overlap with depression.”
- (Profile of Risk Emerging for Trauma-triggered Molecular Scars – NIMH Science Update • December 1, 2011)

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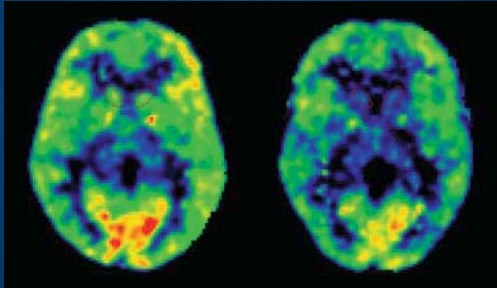
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## Traumatized Brain Fewer Serotonin Receptors



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## Types of Trauma – stresses to attachment systems

- Witnessing violence (domestic and other)
- Natural disaster
- Terrorism
- Accidents
- Abuse/Neglect
- Loss of caregiver



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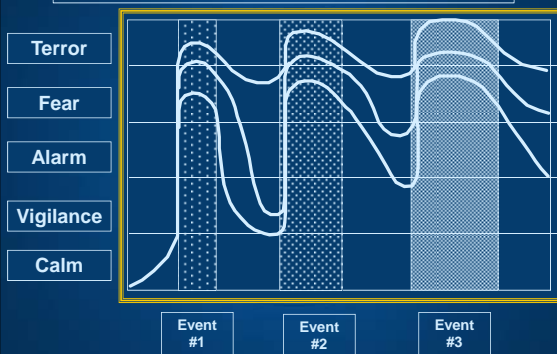
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## Multiple Traumatic Events



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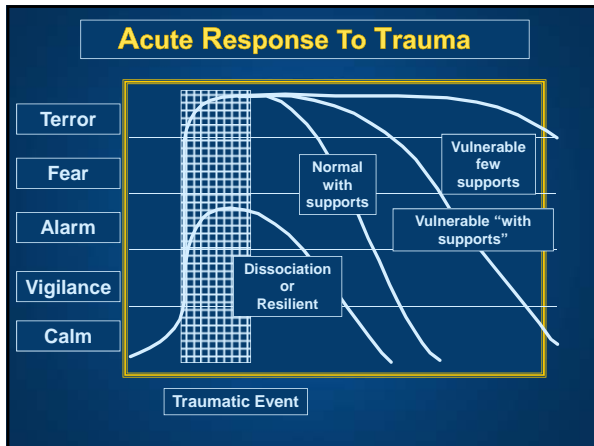
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## Trauma Shmama: So What?

- Well, let me tell you about the ACE study done by Kaiser Permanente in collaboration with the Center for Disease Control.

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### Adverse Childhood Experiences (ACE) Study *"Turning Gold into Lead"*

- The Relationship ACE's to Adult Well-being and Disease
- A collaborative effort between Kaiser Permanente and the Centers for Disease Control
- Robert F. Anda, M.D.
- Vincent J. Felitti, M.D.

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## ACE Categories

- Psychological abuse (by parents) 11%
- Physical abuse (by parents) 28%
- Sexual abuse (by anyone) 22%
- Emotional neglect 15%
- Physical neglect 10%
- Alcoholism or drug use in home 27%
- Loss of biological parent < age 18 23%
- Depression or mental illness in home 17%
- Mother treated violently 13%
- Imprisoned household member 5%

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## 17,000 Kaiser Patient Surveyed & Medically Evaluated (at age 50+ yrs.)

- Number of categories (not events) is summed...
- *ACE Score Prevalence*
- 0 = 33%
- 1 = 25%
- 2 = 15%
- 3 = 10%
- 4 = 6%
- 5 = or more 11%\*

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### ACE FINDINGS:

The more ACE categories experienced, the higher the risk for:

- Alcoholism, alcohol abuse, and liver disease
- Smoking and chronic obstructive pulmonary disease(COPD)
- Illicit drug use and IV drug use
- Ischemic heart disease (IHD)
- Worse health-related quality of life (poorer general health)
- Depression and Suicide Attempts
- Impaired worker performance

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## Oh...There's More

- Risk for perpetrating intimate partner violence
- Risk for being raped
- Early initiation of sexual activity, multiple sexual partners
- Sexually transmitted diseases (STDs)
- Unintended pregnancies & fetal death

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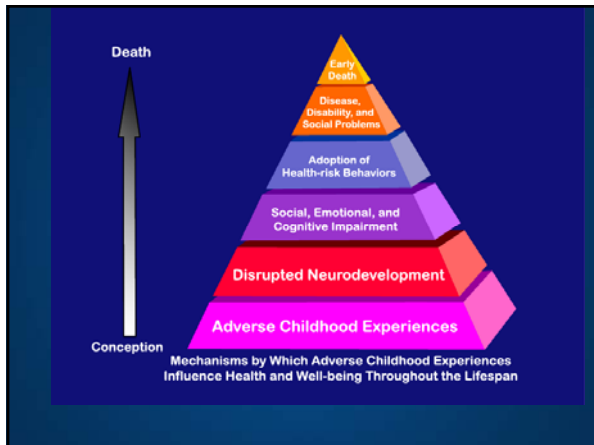
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## Some Key PTSD Symptoms per DSM V

- INTRUSIVE SYMPTOMS - e.g., dissociative reactions (e.g. flashbacks), **intense or prolonged psychological distress or physiological reactions when exposed to reminders.**

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## Some Key PTSD Symptoms per DSM V

- NEGATIVE ALTERATIONS IN COGNITIONS AND MOOD -e.g., **inability to remember important aspects**, negative beliefs about self ("I'm bad) - or others – ("No one can be trusted"); excessive blame of self or others; persistent negative emotional state such as fear, horror, anger, guilt, or shame; feelings of detachment or estrangement from others; inability to experience positive emotions.

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## Some Key PTSD Symptoms per DSM V

- RELATED ALTERATIONS IN AROUSAL & REACTIVITY - e.g., irritability, angry outbursts; reckless or self-destructive behavior; hypervigilance; exaggerated startle response; problems in concentration; sleep disturbance.

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## Some "Complex Trauma Symptoms" From Severe or Cumulative Interpersonal Trauma

- Emotional Regulation problems
  - Anger, self destructive, suicidal, excessive risk taking.
- Attention, Consciousness probs.
  - **Difficulty maintaining focus and attention**, dissociation, amnesia
- Self Perception problems
  - "Damaged goods," guilt (feels responsible), **SHAME**, "Nobody can understand," minimizing.

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## Complex Trauma Symptoms

- Problems in Relationships
  - Inability to trust
  - Trauma re-enactment; victimizing others, being revictimized
- Somatization
  - Digestive system problems, chronic pain, various physical symptoms
- Loss of Meaning in Life
  - Despair, hopelessness, loss of previously sustained beliefs.

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## They're With You Every Day

- Recognize that a high percentage of the individuals coming to court have trauma histories.
  - Often the reason for court engagement is trauma related.

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## Trauma Informed Services

- Recognize that reactive behaviors (“difficult people”) can be an individual’s automatic attempts to deal with what they unconsciously PERCEIVE to be a threatening situation.

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## REMEMBER

- When, for whatever reason, people lack internal emotional, cognitive or behavioral self-control, they typically calm when provided with the perceived external containment and safety of clear structure (knowing what to expect) and clearly, but respectfully, enforced limits & boundaries.

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## ARE THERE SAFETY FACTORS TO CONSIDER?

- PROVISIO: Never be naïve with respect to safety.
- Treating people with dignity and respect is not incompatible with being appropriately vigilant, setting appropriate limits, and refusing to tolerate abusive or dangerous behavior.

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## BASIC SAFETY FACTORS TO CONSIDER FOR COURT STAFF Prevention & Deterrence

- VISIBILITY OF SECURITY STAFF outside and inside the building, in the courtroom.
- Reception & Waiting areas
  - Separate seating areas for petitioners and defendants, alleged perpetrators and victims.
- Security staff escorts for DV victims following court.

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**BASIC SAFETY FACTORS TO CONSIDER – BENCH OFFICERS?**  
Prevention & Deterrence

- It should be clear to the parties that the Bench Officer is in charge of the courtroom and has and will respectfully, but unambivalently, enforce expectations for safety and behavior.

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**BASIC SAFETY FACTORS TO CONSIDER – BENCH OFFICERS?**

- Are there existing restraining orders? Bench Officers need to know - criminal, civil, provisions?
- Judges and staff can use the **California Courts Protective Order Registry (CCPOR)**.
- Procedures need to be developed for insuring Bench Officers have this information prior to the actual court appearance.

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**The Court Process Can Be A Trauma Reminder.**

- Trauma creates neural networks in the brain's right hemisphere which hold "implicit," non-verbal memory - images, facial characteristics, feelings, sounds, physical sensations - which are
- triggered by trauma reminders, e.g., like the stress of going to court, being in proximity to the abuser, or feelings of helplessness.
- This can de-activate the frontal cortex, the executive, information processing part of the brain.

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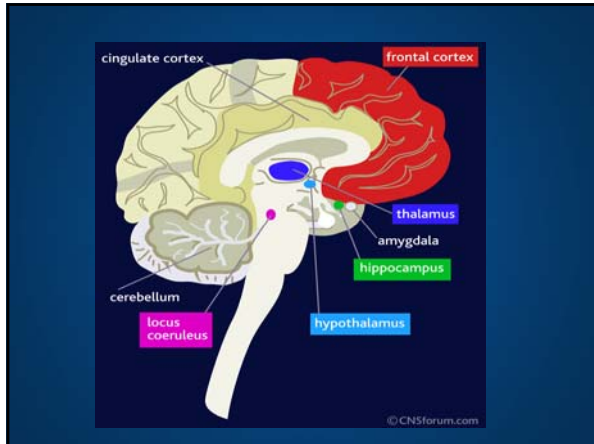
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### Now: The 3 Fundamental Steps of All Helping Relationships

- 1. **BEING TOTALLY PRESENT & ATTUNED:** to the INTERNAL experience of the client, and demonstrating you understand, i.e. "active listening."
- 2. **ASKING FOR FEEDBACK:** (collaboration, involving the client), e.g., "Please tell me what you think is very important that I understand," or "Now, please tell me, in your own words, your understanding of the new order," or "What questions do you have?"
- 3. **REPAIRING THE RUPTURED HELPING RELATIONSHIP** - the relationship that has gone off-track; sometimes just by going back to step #1, e.g., "I understand you think the decision is unfair..."

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### What Helps To Calm & Understand

- Traumatized and very stressed individuals may not be able to hear and understand you or the process...until they experience that they are being understood by you - both what they are saying and experiencing - until you listen to them and respond back in a manner that makes them feel understood - not necessarily agreed with, just that you understand what their experience is.

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### What Helps To Calm & Understand

- This very basic step (“attunement” to their experience and “active listening”) together with providing a safe and structured environment, usually helps most upset people begin to “emotionally regulate,” calm emotionally, physically, and behaviorally,
- which then allows them to process information better, think more clearly, and make better decisions than they can when they are more emotionally stressed or overwhelmed.

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### Working with Traumatized Individuals

- First, actively & reflectively listen until party/customer feels understood.
- Take more time and GO SLOWER, and make sure they are understanding you correctly.
- Periodically use summarizing statements.
- Authoritative tone of voice Good – Authoritarian tone of voice Bad.
- Setting limits is fine, firmly & respectfully.
- All of this helps the customer calm, retain self control, and think more clearly.

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### People Who Have a History of Violent Behavior

- Due to their own, often disavowed, history of trauma or neglect, many are preoccupied with fears of rejection and abandonment, or fear of being seen as inferior and being shamed.
- Feelings of helplessness are intolerable for them.

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### People Who Have a History of Violent Behavior

- When they experience those trauma reminders or feelings, they sometimes automatically respond as if it's some level of threat to their very survival, often with some form of anger ("fight") or withdrawal ("flight").

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### People Who Have a History of Violent Behavior

- Under stress, they tend to be hyper vigilant and hypersensitive to anything THEY PERCEIVE as criticism, judgment, rejection, your "not understanding," rejection, personal slight, insult, unfairness, or shaming. **It's not what you intend by your comments, it's what they perceive.**
- This may be triggered as much by **NON-VERBAL BEHAVIOR**, facial reactions, vocal tone, body posture, as by anything you say.

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### People Who May Have a History of Violent Behavior

- The potential for violence escalates whenever anyone with that potential feels grossly disrespected or humiliated, hopeless, or that they have nothing to lose.
- They are most at risk of taking it out on those upon whom they have access and/or identify as being associated with the cause of their pain or frustration.

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## People Who May Have a History of Violent Behavior

- If they don't think they have access to justice or are being treated justly by the system, they are more likely to pursue "self-help justice," e.g., abusive, dangerous, non-compliant behavior.
- (Steven Pinker, Ph.d., Harvard, in *The Better Angels of our Nature – Why Violence has Declined – 2011*)

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## Responses That Can Facilitate Cooperation & Compliance

- The same ones mentioned before, with an emphasis on
  - SLOWING THE PROCESS DOWN, and carefully orienting to the process so they know what to expect.
  - Listening to them until they feel heard and understood (not synonymous with agreement);
  - Being responsive to their questions;
  - Providing structure, containment, accountability – respectfully and in a non-shaming manner, AND
  - Taking responsibility for legal decision-making (child support, protective orders, etc.) onto the law or other requirements **and off the victim or others they may seek to blame.**

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## Pay Particular Attention to NON-VERBAL CUES

The initial reactions to trauma cues are in the right (non-verbal) brain hemisphere (facial responses, vocal tone, body posture and movement, emotion) and occur prior to cognitive engagement. If you notice something, check it out, e.g., "Is there something I said that you did not understand?"

Try and repair the problem when appropriate, e.g. "I'll try and be more clear."

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## Summary of "Do's"

- Always strive to be in and create a physically and emotionally **safe, structured**, and calming environment for yourself, staff, victims, offenders, litigants.
- Treat individuals with dignity and respect, and when you're with them, give them your full attention.
- Be attuned to and empathize with the customer without getting hooked.
- Maintain clear professional presence and boundaries in a respectful and caring but clear manner. Set limits as needed. Do not tolerate abusive or otherwise inappropriate behavior.

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## Some "Don'ts"

- Be naïve or forget about safety.
- Get distracted, be disrespectful, patronizing, dismissive, personally judgmental, shaming, angry, critical, argumentative. Remember, the hypervigilant pay particular attention to your non-verbal behavior.
- Assume they understand what's happening unless they are able to accurately feed it back to you.

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## PROFESSIONAL GROWTH

- I am going to respectfully request that you:
  1. Take a moment, and a few slow, deep, breaths, and
  2. become aware of one thing you can do, based on this workshop presentation so far, to be more helpful to your clients/litigants.

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## COMMITMENT

- Please write it down,
- make a commitment to yourself to do it upon your return to work.

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## TRAUMA TREATMENT STAGES OF RECOVERY

Judith Herman, M.D.

- Safety
- Remembrance and Mourning (trauma narrative & processing)
- Reconnection (healthy involvement in life)

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## Evidence Based Trauma Treatments

- Parent-Child Interactive Therapy
- Trauma Focused Cognitive-Behavioral Therapy (TFCBT)
- EMDR (Eye Movement and Desensitization Reprocessing) as a component of TFCBT.
- "Mindfulness" (& body awareness, yoga, dance, "Trauma Drama,") as necessary components of trauma treatments.
- DBT (Dialectical Behavior Therapy) for trauma/attachment based personality disorders.

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## TFCBT “PPRACTICE” Model

- Psychoeducation
- Parenting skills
- Relaxation techniques
- Affective expression and modulation
- Cognitive coping
- Trauma Narrative and Processing
- In Vivo Mastery of Trauma Reminders
- Conjoint Parent-Child Sessions
- Enhancing Future Safety and Development

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## Trauma Focused Cognitive Behavioral Therapy

- Free on-line training available at:
- The National Child Traumatic Stress Network website at:
- <http://tfcbt.musc.edu/>

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## Trauma: Related Ethical Considerations

- From: The Markkula Center for Applied Ethics at Santa Clara University.
  - The Utilitarian Approach
  - The Rights Approach
  - The Fairness or Justice Approach
  - The Common-Good Approach
  - The Virtue Approach

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## The Rights Approach

- People have rights based on their fundamental human dignity including the right to choose freely as long they do not violate the rights of others, and the fundamental moral right to have these choices respected. (Immanuel Kant, et al.)

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## The Rights Approach - People have the right to:

- the TRUTH, to be informed about matters that significantly affect them and their choices.
- Remember, if they are in a state of trauma, or overly stressed, they may not be able to effectively process or utilize the information offered until they are calmed.

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## Fairness & Justice Approach Judicial Council: Goal I

- “California courts will treat everyone in a fair and just manner. All persons will have equal access to the courts and court proceedings.”
- “Court proceedings will be fair and understandable to court users.”

(from the *Operational Plan for California’s Judicial Branch 2008-2011*, page 12)

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## The Virtue Approach

- Integrity, honesty, kindness, courage, humility, diligence, compassion, generosity, patience, fidelity, fairness, self-control, prudence, justice, etc.
- (Aristotle)

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## SHIFT: TRAUMA & YOU

- Why did you get into this business?
- If part of the answer is “to help” or “to protect” people, or to “serve justice” or “make the world a better or safer place” etc., that’s very good.
- But the more fundamental question for us as helpers is to know “WHY” that’s so important to us. What happened in our lives that created that need?

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## TRAUMA MASTERY?

- Sometimes we choose work that is a variation of a theme of our own past trauma which caused feelings of powerlessness or helplessness. But now, in our work roles, we can feel competent and in charge, safe and in control, by dealing with others who are experiencing or causing those feelings.
- Which is fine and a very healthy and constructive way of creating meaning out of our own past trauma (Victor Frankl) – as long as we are doing it with some awareness.

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## TRAUMA MASTERY? Contin.

- However, if our attempts at trauma mastery lack awareness and intention, we can automatically & unconsciously end up re-enacting our own traumatic experience by allowing ourselves to become overwhelmed, powerless, even endangered, or by inadvertently causing others to feel that way.

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## VICARIOUS TRAUMA SECONDARY TRAUMA TRAUMA EXPOSURE RESPONSE

- Secondary traumatic stress is a risk we incur when we engage empathically with an adult or child who has been traumatized: "the natural consequent behaviors resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from wanting to help a traumatized or suffering person." [Charles Figley (1995) per Child Trauma Academy – Bruce Perry, MD, Ph.D.]

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## It's Different than Burnout

- **SECONDARY TRAUMATIC STRESS** is sometimes confused with burnout. It should not be. According to Pine, Aronson and Kafry (1981) burnout is "a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations." Unlike secondary traumatic stress, burnout can be described as emotional exhaustion, depersonalization and a reduced feeling of personal accomplishment.
- **BURNOUT** is a condition that begins gradually and becomes progressively worse. Secondary Trauma, conversely, can occur following the exposure to a single traumatic event.

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## WARNING SIGNS COMING UP

- Don't freak out if you have some degree of a couple of these,
- unless they are causing a problem for you emotionally, behaviorally, physically, medically, in relationships, or at work, or
- harming your clients/litigants.

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## THE 16 WARNING SIGNS OF

### TRAUMA EXPOSURE RESPONSE

*Trauma Stewardship – an Everyday Guide to Caring for Self While Caring for Others by Laura van Dermoot Lipsky with Connie Burk*

- 1. FEELING HELPLESS AND HOPELESS
- 2. A SENSE YOU CAN NEVER DO ENOUGH
- 3. HYPERVIGILANCE (e.g., "Every guy is starting to look like a batterer.")
- 4. DIMINISHED CREATIVITY (i.e., no new ideas)
- 5. INABILITY TO EMBRACE COMPLEXITY (i.e., Oversimplifying what, in truth, are complicated/ambivalent issues because...it's easier)

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## 16 WARNING SIGNS CONTINUED

- 6. MINIMIZING (e.g., the severity of the problem, the other's trauma, or your symptoms)
- 7. CHRONIC EXHAUSTION/PHYSICAL AILMENTS (e.g., pain, digestive system problems, HBP, weakened immune system, which are very real and can be the result of chronic stress hormone dysregulation and associated complications)
- 8. INABILITY TO LISTEN / DELIBERATE AVOIDANCE -e.g., voicemail mailbox full, or "Don't confuse me with more facts . I don't want to hear it."
- 9. DISSOCIATIVE MOMENTS (e.g., "spacing out" a lot; derealization, depersonalization)

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## 16 WARNING SIGNS CONTINUED

- 10. SENSE OF PERSECUTION
- 11. GUILT (e.g., for having it better than others)
- 12. FEAR
- 13. ANGER & CYNICISM
- 14. INABILITY TO EMPATHIZE / NUMBING
- 15. ADDICTIONS
- 16. GRANDIOSITY: AN INFLATED SENSE OF IMPORTANCE RELATED TO ONE'S WORK.

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## Symptoms Are Potentially Your Most Important Allies

- There's nothing "bad" about them. They are not the enemy. They are our allies trying to signal us, trying to get our attention that there's a problem.
- If the problem is significant, and we ignore the symptom or effectively tell it to just "go away," it may further escalate to a level to which we are forced to attend.
- But by then, we may just try and make the painful symptom go away without getting the underlying message – which is what the symptom was trying to signal us about in the first place – and the symptom gets worse or compounds.

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## WHAT TO DO? IT'S ALL GREEK TO ME



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## AND

- Who knew this next fellow was also quite the neurologist?

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## WHAT TO DO? FIRST- JUST PAY ATTENTION. “MINDFULNESS”

- What’s “Mindfulness?”
    - PAYING ATTENTION,
    - on purpose, without judgment,
    - to how your body feels, your emotions, your thoughts, “the symptom.”
- It’s harder than it sounds.

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## MINDFULNESS OVERSIMPLIFIED

- Again, first, just notice, and become interested in the symptom t, i.e. the body sensation, the feeling, the thought.
- Just let it be there for awhile, become interested in it instead of trying to make it go away. (Jon Kabat-Zinn)
- Even if the sensation, feeling, thought is painful or discomforting – it's not the enemy. It's just our brain, nervous system, body trying to tell us we need to pay attention to something. It can be our biggest ally.

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## BY THE WAY

- The symptom's true underlying message is always a constructive one. If we think it's telling us to do something destructive (i.e., hurting self or others), that's still the symptom trying to get attention. We'll need help deciphering the constructive meaning.

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## MINDFULNESS ATTUNEMENT TO SELF

- Sometimes all we need to do is notice and become attuned to that part of ourselves and non-judgmentally focus on and attend to it, because that will be enough to complete the biological response and will return us to state of emotional and bodily regulation. (You know, just like we just sometimes need attention.)

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## How Does That Happen? NEUROBIOLOGY!

- When we our attend to our experiences while keeping ourselves in an emotionally regulated state (slow breathing helps – slower exhale than inhale), the neurological circuits connecting brain and body, and within the brain, begin working more effectively transmitting feedback data back and forth – so that
  - 1. Our entire bio-chemical-neurological-physiological systems work in a healthier and more efficient manner, &
  - 2. our left Pre-Frontal Cortex, the verbal executive control center where conscious verbal narrative, data analysis and problem solving skills are located, becomes activated.

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## And Mindfulness Can Lead to Better Problem Solving & Action

- Sometimes, that process will result in awareness that we need to do more, that there is an underlying problem that requires action.
- That same mindfulness process which results in emotional regulation and activates the Pre-Frontal Cortex allows us to begin to put words on the underlying issue, and begin to problem solve and make some decisions about how to act.

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## NOTE: STRESS RESISTANT PEOPLE

- 1. Are active, instead of passive, when action is required.
- 2. Pursue personally meaningful tasks. (So keep remembering why you are doing your job. And if it's no longer working for you, start working on a "Plan B")
- 3. Initiate getting social support / connectedness for themselves. (Move from isolation to connectedness)
- 4. Practice good self care and make healthy lifestyle choices.
- 5. Are gentle and COMPASSIONATE with themselves. ("Be Gentle with yourself - & others.)

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## Self Care

- What are some healthy things you do to take care of yourself?
  - Call it out!

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## Harder Questions

- Why have you STOPPED doing what you know is good for you?
- What's your rationalization?

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## Do What You Know is Healthy and Works

- I am going to respectfully request that you:
  1. Take a moment, and a few slow, deep, breaths,
  2. Become aware of one thing you can do to take even better care of yourself.

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## THANK YOU!

- And commit to doing it,
- for YOU!
- You deserve it.
- Thank you for showing up.
- - Steve

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